FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



PROFIT FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90114 023 ***150.00

| SELDOM | SEEN GALLERY, INC. | | | | | | | |
|-----------------------------------------------------|----------------------------------------------------|-------------------------------------------------|--------------|-------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| Principal Place | e of Business | Mailing Address | | | | J 188:501; E10 18:50 title dice; tions toll atol: alati dice; dent atol: atol: | | |
| 817 E LAS OLA FT. LAUDERDAL US | | 817 E LAS OLAS FT. LAUDERDALE FL 33301 US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 06/07/1989 4. FEI Number Applied For | | |
| | | | | | | 65-0124697 Not Applica | | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | _ \$8.75 Additional | | |
| 22 | rr, 0.0. | 27 | | | | 5. Certificate of Status Desired Fee Required | | |
| City & State | 9 | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Count | ry | | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. ☐ Yes ☐ No | | |
| | 9. Name and Address of Currer | t Registered Agent | - 1 | | | 10. Name and Address of New Registered Agent | | |
| | FURENO DOLLES | | 8 | 11 Nar | ne | | | |
| | ENBERG, DONALD | | 8 | 2 Stre | et Addre | ress (P.O. Box Number is Not Acceptable) | | |
| | SE 13TH TERRACE | | | | •0 | | | |
| FI. L | AUDERDALE FL 33316 | | { | 33 | | | | |
| | | | 1 | 4 City | , | FL 85 Zip Code | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | ad l | |
| office or re | egistered agent, or both, in the State. | of Florida. Such change was au | tnorizea i | ov the co | ea corpo prporatio | poration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered | . | |
| agent. I ar | m familiar with, and accept the obliga | tions of, Section 607.0505, Flori | da Statut | es. | | | | |
| SIGNATURE | | AIATE. | Denietared A | nent cional | ure required | ed when reinstating) DATE | | |
| 12. | Signature, typed or printed name of registered age | ID DIRECTORS | 13. | gen algha | Bra required | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | 2 | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | | ☐ Change ☐ Add | | |
| NAME | GORENBERG, DON | | 12 NAM | € | | 6 6 6 1 | $/\!I$ | |
| | -820 E LAS OLAS | | 1.3 STR | EET ADDRI | ss S | 317 15 /45 (JAS BU) | // | |
| CITY-ST-ZIP | FT. LAUDERDALE FL. | | 1.4 CITY | -ST-ZIP | ' | 3350 | 7 | |
| TITLE | VS | ☐ DELETE | 2.1 TITL | | | ☐ Change ☐ | tition | |
| NAME | GORENBERG, CHARLOTTE | | 2.2 NAM | Έ | | 817 E LAS OURS CHARGE | 5), | |
| | | | 2.3 STR | EET ADDRI | SS | 81/5 BS CUB! | 74 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 2. 4 CIT | /- ST- ZIP | | 23 | 3Ò | |
| TITLE | y a started the Wale I w | ☐ DELETE | 3.1 TITL | | | ☐ Change ☐ Add | dition | |
| NAME | | | 3.2 NAM | E | | | | |
| STREET ADDRESS | | | 3.3 STR | EET ADDR | ESS | | | |
| CiTY-ST-ZIP | | | 3.4. CIT | Y-ST-ZIP | | <u> </u> | | |
| TITLE | | ☐ DELETE | 4.1 TITL | | | ☐ Changé ☐ Ad | dition | |
| NAME | | | 4. 2 NA | ΑE | | | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDR | ESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | E | | ☐ Change ☐ Ad | dition | |
| NAME | | | 5.2 NAM | E | | | | |
| STREET ADDRESS | | | 5.3 STR | EET ADDR | SS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | -ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITL | E | | Change Ad | dition | |
| NAME | | | 6.2 NAM | IÉ | | | | |
| STREET ADDRESS | | | 6.3 STR | EET ADDR | ESS | | | |
| CITY-ST-ZIP | | | 6.4 CITS | (-ST-ZIP | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directive of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 statutes, or on an attachment with an address, with all other like empowered.

OFFICER OR DIREC

SIGNATURE: